

Pomona Valley Hospital Medical Center

July 27, 1995

David Werdegar, M.D., M.P.H., Director
Health Policy and Planning Division
Office of Statewide Health Planning and Development
1600 9th St., Room 400
Sacramento, CA 95814

Dear Doctor Werdegar:

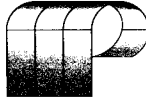
Pomona Valley Hospital Medical Center (PVHMC) received the data analysis from the Office of Statewide Health Planning and Development (OSHPD). We were pleased with the results of the cervical and lumbar diskectomy complication rates and our readmission rates following delivery. However, our state adjusted myocardial infarction (MI) mortality rate was higher than expected.

In response to this, a committee was formed consisting of the President/C.E.O. of the Hospital, President of the Medical Staff, Director of Cardiology, Director of Critical Care, Chairman of the Performance Improvement Council, and representatives from Internal Medicine, Family Practice, Emergency Department, Quality Management, and Nursing. The committee reviewed the medical records of all 77 patients identified to have died of MI and reached the following conclusions.

Our review found 27 patients who did not meet the criteria indicating the diagnosis of MI. To make the diagnosis of MI, patients must meet two of the following criteria: a) chest pain suggesting ischemia, b) ECG changes of MI, and c) significant CPK MB elevation. Of the 77 deaths attributed to PVHMC, twenty-four were patients that presented to the Emergency Department in cardiac arrest. Current statistics indicate that they attribute 75% to 80% of patients presenting in cardiac arrest to causes other than MI, such as arrhythmia and ischemia. If we exclude patients who did not fit into the diagnosis of MI, our mortality rate would be lower than the California Hospitals' average mortality rate.

PVHMC provides a comprehensive cardiac care program for our region. We take care of both community patients and referrals from other areas. We have a Quality Improvement Program in place that continually monitors treatment provided with actions taken when we identify opportunities to improve. Our care of MI patients was reviewed and certified by the Emergency Heart Care Committee of the Greater Los Angeles Heart Association in December 1992, and are currently

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awaiting our 1995 certification. PVHMC adheres to the American Heart Association (AHA) guidelines in the Coronary Care unit (CCU). 95% of our MI patient admissions are seen by a Cardiologist within one hour after arrival to the CCU.

Since 1992, we have been participating in an ongoing study with the National Registry of MI (NRMII) funded by Gentech. In 1993, mortality of acute MI patients at PVHMC was 5.8% compared with the national average of 12.8%. Results as of April 1995 show our mortality rate to be 6.3% compared with the state mortality rate of 11% and the national mortality rate of 10.9%.

PVHMC is committed to delivering excellent care to all of our patients. Beyond our own internal and external monitoring, we plan to continue to analyze data provided us by OSHPD and participate in future studies.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Ring III", is positioned above the typed name.

Robert Ring III, M.D.
President, Medical Staff